



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                         |                      |                        |                         |
|-----------------------------------------------------------------------------------------|----------------------|------------------------|-------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/915,672             |                         |
|                                                                                         | Filing Date          | July 26, 2001          |                         |
|                                                                                         | First Named Inventor | John M. Surwillo et al |                         |
|                                                                                         | Art Unit             | 3762                   |                         |
|                                                                                         | Examiner Name        | Frances P. Oropeza     |                         |
| Total Number of Pages in This Submission                                                | 12                   | Attorney Docket Number | 31-CD-6181 (5024-00106) |

| ENCLOSURES (Check all that apply)                                            |                                                                           |                                                                                         |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached                                        | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition                                         | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                         | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter                                                  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | Return Receipt Postcard                                                                 |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |                                                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |                                                                                         |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks                                                                   |                                                                                         |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                           |                                                                                         |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                           |
|--------------------------------------------|---------------------------------------------------------------------------|
| Firm or Individual name                    | Peter T. Holsen, Reg. No. 54,180<br>Andrus, Sceales, Starke & Sawall, LLP |
| Signature                                  |                                                                           |
| Date                                       | November 3, 2004                                                          |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                           |                   |      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                   |      |                  |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Aleshia T. Prange |      |                  |
| Signature                                                                                                                                                                                                                                                                                                     |                   | Date | November 3, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-04v2)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00

## Complete if Known

|                      |                         |
|----------------------|-------------------------|
| Application Number   | 09/915,672              |
| Filing Date          | July 26, 2001           |
| First Named Inventor | John M. Surwillo et al  |
| Examiner Name        | Frances P. Oropeza      |
| Art Unit             | 3762                    |
| Attorney Docket No.  | 31-CD-6181 (5024-00106) |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

50-2401; Access Code 5772

GE Medical Systems-IT

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

| Large Entity<br>Fee Code (\$) | Small Entity<br>Fee Code (\$) | Fee Description        | Fee Paid |
|-------------------------------|-------------------------------|------------------------|----------|
| 1001 790                      | 2001 395                      | Utility filing fee     |          |
| 1002 350                      | 2002 175                      | Design filing fee      |          |
| 1003 550                      | 2003 275                      | Plant filing fee       |          |
| 1004 790                      | 2004 395                      | Reissue filing fee     |          |
| 1005 160                      | 2005 80                       | Provisional filing fee |          |

SUBTOTAL (1) (\$ 0.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20** =      | X              | 0.00     |
| Multiple Dependent | -3** =       | X              | 0.00     |

| Large Entity<br>Fee Code (\$) | Small Entity<br>Fee Code (\$) | Fee Description                                            |
|-------------------------------|-------------------------------|------------------------------------------------------------|
| 1202 18                       | 2202 9                        | Claims in excess of 20                                     |
| 1201 88                       | 2201 44                       | Independent claims in excess of 3                          |
| 1203 300                      | 2203 150                      | Multiple dependent claim, if not paid                      |
| 1204 88                       | 2204 44                       | ** Reissue independent claims over original patent         |
| 1205 18                       | 2205 9                        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity<br>Fee Code (\$) | Small Entity<br>Fee Code (\$) | Fee Description                                                            | Fee Paid |
|-------------------------------|-------------------------------|----------------------------------------------------------------------------|----------|
| 1051 130                      | 2051 65                       | Surcharge - late filing fee or oath                                        |          |
| 1052 50                       | 2052 25                       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053 130                      | 1053 130                      | Non-English specification                                                  |          |
| 1812 2,520                    | 1812 2,520                    | For filing a request for ex parte reexamination                            |          |
| 1804 920*                     | 1804 920*                     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805 1,840*                   | 1805 1,840*                   | Requesting publication of SIR after Examiner action                        |          |
| 1251 110                      | 2251 55                       | Extension for reply within first month                                     |          |
| 1252 430                      | 2252 215                      | Extension for reply within second month                                    |          |
| 1253 980                      | 2253 490                      | Extension for reply within third month                                     |          |
| 1254 1,530                    | 2254 765                      | Extension for reply within fourth month                                    |          |
| 1255 2,080                    | 2255 1,040                    | Extension for reply within fifth month                                     |          |
| 1401 340                      | 2401 170                      | Notice of Appeal                                                           |          |
| 1402 340                      | 2402 170                      | Filing a brief in support of an appeal                                     |          |
| 1403 300                      | 2403 150                      | Request for oral hearing                                                   |          |
| 1451 1,510                    | 1451 1,510                    | Petition to institute a public use proceeding                              |          |
| 1452 110                      | 2452 55                       | Petition to revive - unavoidable                                           |          |
| 1453 1,370                    | 2453 685                      | Petition to revive - unintentional                                         |          |
| 1501 1,370                    | 2501 685                      | Utility issue fee (or reissue)                                             |          |
| 1502 490                      | 2502 245                      | Design issue fee                                                           |          |
| 1503 660                      | 2503 330                      | Plant issue fee                                                            |          |
| 1460 130                      | 1460 130                      | Petitions to the Commissioner                                              |          |
| 1807 50                       | 1807 50                       | Processing fee under 37 CFR 1.17(q)                                        |          |
| 1806 180                      | 1806 180                      | Submission of Information Disclosure Stmt                                  |          |
| 8021 40                       | 8021 40                       | Recording each patent assignment per property (times number of properties) |          |
| 1809 790                      | 2809 395                      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810 790                      | 2810 395                      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801 790                      | 2801 395                      | Request for Continued Examination (RCE)                                    |          |
| 1802 900                      | 1802 900                      | Request for expedited examination of a design application                  |          |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00

## SUBMITTED BY

|                   |                 |                                   |                  |           |              |
|-------------------|-----------------|-----------------------------------|------------------|-----------|--------------|
| Name (Print/Type) | Peter T. Holsen | Registration No. (Attorney/Agent) | 54,180           | Telephone | 414-271-7590 |
| Signature         |                 | Date                              | November 3, 2004 |           |              |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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3762  
Pat

Application No. 09/915,672  
Amendment Dated November 3, 2004  
Reply to Office Action of June 22, 2004



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|              |                        |   |                                               |
|--------------|------------------------|---|-----------------------------------------------|
| Appln. No. : | 09/915,672             | ) | CERTIFICATE OF MAILING                        |
| Applicant :  | John M. Surwillo et al | ) | I hereby certify that this correspondence is  |
| Filed :      | July 26, 2001          | ) | being deposited with the United States        |
| Title :      | A Medical Testing      | ) | Postal Service with sufficient postage as     |
|              | System with an         | ) | first class mail in an envelope addressed to: |
|              | Illuminating Component | ) | Commissioner of Patents, P.O. Box 1450,       |
|              | and Automatic Shut-Off | ) | Alexandria, VA 22313-1450, on this 3rd        |
|              |                        | ) | day of November, 2004.                        |
| TC/A.U. :    | 3762                   | ) | <u>Aleshia Prange</u> November 3, 2004        |
|              |                        | ) | Aleshia Prange Date                           |
| Examiner :   | Frances P. Oropeza     | ) |                                               |
| Docket No. : | 31-CD-6181 (5024-      | ) |                                               |
|              | 00106)                 | ) |                                               |

AMENDMENT

Mail Stop: Amendment – No Fee  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 22, 2004, please enter the following in the above-identified application:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.